

RONALD FANTOZZI

8 OF 18

St. Mary's Regional Medical Center

6078583 MS MR 221342
 1/20/98 MICHAEL J
 1211221, DONALD N
 4110LAND RD
 1/2/98 14210
 (101) 62 878 267-723573

Your Rights as a Patient

At St. Mary's, we have committed ourselves to giving our patients quality, efficient care with compassion and respect. And that means affording you some basic rights that you can expect as a patient.

- You have the right to appropriate medical care, regardless of sex, race, religion, color or national origin.
- You have the right to be treated with respect.
- You have the right to personal and informational privacy within the constraints of the law and insurance coverage.
- You have the right to a safe environment.
- You have the right to know the identity of individuals providing your care.
- You have the right to visitors, providing they observe a "good neighbor" policy.
- You have the right to participate in decisions concerning your care.
- You have the right to refuse treatment.
- You have the right to an explanation of your bill.

Your Responsibilities as a Patient

- For your safety and well-being, we expect you to provide accurate, complete information in all matters relating to your health.
- It is important that you report all changes in your condition.
- It is important that you follow the recommended treatment plan. If you are considering not following the plan, please notify us immediately.
- We ask that you adhere to medical center rules and regulations affecting your care and that of other patients.
- Please be considerate of the rights of other patients and make sure that your visitors respect these rights as well.
- Respect the property of others and that of the medical center.
- Assure that your financial obligations are promptly met.

I have read and understand my rights and responsibilities as a patient
 at St. Mary's Regional Medical Center.

Ronald Fantezzi DE
 Patient Signature:

10-5-98
 Date

Time

120097

St. Mary's Regional Medical Center

St. Mary's Regional Medical Center
Patient Valuable List

8270533 HS RR 221342
 10/09/98 MONZEL, MICHAEL J
 PATCZUL, RONALD M
 40 POLAND-RE
 ALDEN RE 04210
 CELY 62 M/N 207-7-25475

(X)	Item	Description
	Eye Glasses	
	Hearing Aid(s)	
	Dentures/Partials	
	Money	
	Jewelry	<i>one ring - one diamond</i>
	Canes, Walker, Wheel Chair	
	Medication (please send home if possible)	
	Other	

Release from Responsibility for Personal Property

I understand and agree that under no circumstances will St. Mary's be responsible for my personal property. I take full responsibility for retaining in my possession or custody any and all articles. I acknowledge that I have declared or listed all items of personal property I have chosen to keep in my possession or custody while at St. Mary's, and further acknowledge that I have been offered an opportunity to have my personal property kept in safe keeping at St. Mary's during my stay at St. Mary's, and that I have refused that offer.

Patient/Guardian Signature _____ Date _____

140020

DATE RECEIVED

500685.011.0182

**St. Mary's Regional Medical Center
Advance Directives Form**

1. Does patient have an Advance Directive? ☐ Yes ☐ No
(living will or durable power of attorney for health care).

If No Advance Directive, skip to (and complete) #2 and #3.
If Yes, has an Advance Directive continue (and complete) #4:

Patient identifies document as:

8278533 MS MR 221342
10/05/98 MCNZEL, MICHAEL J
FANTOZZI, RONALD M
PCU AND RD
RE 14210
H/M 207-7823873
999999
218108-01

Is the Advance Directive on file here at St. Mary's? ☐ Yes ☐ No
(check medical record)

If not on file here, request a copy of Advance Directive to be brought in.

From whom requested:

☐ Patient ☐ Family: Designate: _____

RN Signature: _____

If patient has Advance Directive, skip to #4

2. Patient directed to read "Advanced Healthcare Directives Packet" and policy summary.

☐ Yes ☐ No If No, designate why: _____

Family directed to read the above.

☐ Yes ☐ No

3. Patient requested further information.

☐ Yes ☐ No

If Yes, identify who was contacted:

	Date	Time	Individual
Social Service			
Pastoral Care			
Nurse Supervisor			
(after hours)			
Other			

(For Items 2-3) R.N. Signature: _____

4. Physician informed of Advance Directive.

Date	Time	Physician	RN Signature

5. Copy of the Advance Directive placed in the chart.

☐ Yes

Verified with patient the Directive is the latest version.

☐ Yes

Document title:

Date	Time	RN Signature

Documentation for Revocation of Advance Directive

Date	Time	RN Signature	Physician Informed (state MD name)

Patient informed of implications of decision.

Date	Time	RN Signature

Patient Acknowledgement for Receipt of Advance Directive Policy Patient Summary

Date	Signature	Witness
10-5-98	Ronald Fantozzi, MD	[Signature]

side 2

SMRMC Advance Directives Form
Other Actions/Additional Information
(include dates, time, description, signature):

Lined area for text entry.

AD 172092

500685.011.0185

St. Mary's Regional Medical Center

Nursing Diagnosis/Patient Problem List

2279512 MS MM 221342
 1/2 02/00 HONZEL, MICHAEL J
 HONZEL, DONALD R
 4 DELANO RD
 ALBURN ME 04210
 1991 662 4/8 007-7823873
 218103-01 999999

Code: A = Problem identified and worked on.				B = Problems identified and not worked on at this time.	
Code	Date	#	Problem:	Initiated By	Date Resolved
A	10-5	1	Problem: AA Comfort		
Manifested By: pain, ECG thrashing around in bed guarding abd. Plan: position comfort med pm Discharge Outcome - Patient will: discharge home pain free				Linda K. [Signature]	
Code	Date	#	Problem:		
Manifested By: Plan: Discharge Outcome - Patient will:					
Code	Date	#	Problem:		
Manifested By: Plan: Discharge Outcome - Patient will:					

140104

500685.011.0186

St. Mary's Regional Medical Center
Patient / Family Education Assessment

MS R 221342
 MICHAEL J
 RONALD M
 POLAND RD
 ALBANY KE 04210
 218103-01 999999

Is education assessment on patient? ☐

Is education assessment on caretaker? ☐

Able to read? ☒ Yes ☐ No

Level of education? ☐ College ☐ High School ☐ Gradeschool

Able to write? ☒ Yes ☐ No

☒ English ☐ French ☐ Other

How do you learn best? ☐ Written ☒ Verbal ☐ Video ☒ Doing

Check any of the following barriers the learner has. Describe in comment section:

- ☐ Visual impairment ☐ Problems with manual dexterity ☐ Impaired motor skills
☐ Hearing impairment ☐ Aphasia ☐ No impairments noted
☐ Low literacy ☐ Learning disability ☐ Cultural/religious health practices

Desire/Motivation to learn: ☒ Attentive ☐ Uninterested ☐ Uncooperative

Level of patient's self care at time of admission: ☒ Independent ☐ Needs Assistance ☐ Total Care

Comments:

RNSignature: *Lust...*

ID Key	Date	Time	Topic	Individual	Method	Understanding	Comments	Signature
NS		12:30h	Illness/Condition	(P) F S	W (V) AV D	(DU) N RD		
			Treatment Plan	(P) F S	W (V) AV D	(DU) N RD		
			Diet Orders	(P) F S	W (V) AV D	(DU) N RD		
			Activity Orders	(P) F S	W (V) AV D	(DU) N RD		
			Call Bell	(P) F S	W (V) AV D	(DU) N RD		
			Operation of Bed	(P) F S	W (V) AV D	(DU) N RD		

120090

500685.011.0187

R274533 MS HR 221342
 12/05/02 HENZEL, MICHAEL J
 EASTCZ, RONALD H
 CLAND RD
 NE 04210

REFERRAL SCREEN

Respiratory

218105-01 999999
 62 W/A 207-7823073

- Do you smoke or chew tobacco Y ☒ N ☐ How many years _____ PPD _____
 When did you quit Over 1 year ago How long _____
- Do you have a cough ☒ Y ☐ N ☐ Do you produce sputum ☒ Y ☐ N darkish greenish
 What is color _____ Any blood ☐ Y ☐ N
- Do you have post nasal drip ☒ Y ☐ N
- Do you have seasonal allergies ☒ Y ☐ N Hay fever Dust mites
- Do you snore Y ☒ N ☐ Do you become sleepy during the day ☒ Y ☐ N doesn't sleep right
- Are you currently SOB Y ☒ N ☐ Describe what happens _____
- Have you been treated for: Have you been told you have:
 Pneumonia Y ☒ N ☐ Asthma ☒ Y ☐ N
 Tuberculosis Y ☒ N ☐ Emphysema Y ☒ N ☐
 Lung Cancer Y ☒ N ☐ Bronchitis ☒ Y ☐ N

A total of 6 Y will trigger a RCP assessment

Problem/
Referral

Signature

Rehab Services

- Are you receiving rehab services at home Y ☐ N ☐
 PT _____ OT _____ Speech _____ HHA _____
- Do you have pain or circumstances that prevents you from performing ADL Y ☐ N ☐
 If Y, what are you unable to do _____
- Do you currently use assistive devices
 WC _____ Walker _____ Cane _____ Other _____
- Do you require assist to bath/dress Y ☒ N ☐
- Do you have difficulty chewing or swallowing Y ☒ N ☐
- Do you have difficulty hearing Y ☒ N ☐
- Do you have difficulty making yourself understood Y ☒ N ☐
- Do you have difficulty understanding what is said to you Y ☒ N ☐

A Y will trigger a referral to Rehab Services
(OT, PT, Speech)Problem/
Referral

Signature

Spiritual

- What is your source of strength during times of difficulty Wife
- Are you affiliated with a church/synagogue no
- Do you request a visit from the chaplain Yes ☐ No ☐

Problem/
ReferralSignature
Page

RN Completing Form

Date

Time

500685.011.0188

Mary's Regional Medical Center						Nutrition Assessment					
<input checked="" type="checkbox"/> Initial Assessment						<input type="checkbox"/> Follow-up Assessment					
S: eating OK PTA despite diarrhea						78533 MS KR 221342 10/29/98 HONZEL, MICHAEL J PATC221, RONALD M POLAND RD ALBURN ME 04210 TEL [redacted] /62 H/H 207-7823873 210103-01 999399					
Problems Swallowing Y <input checked="" type="checkbox"/>		Intake PTA fair		Diarrhea / Constipation							
Problems Chewing Y <input checked="" type="checkbox"/>		Appetite fair		Nausea / Vomiting 0							
Sore throat / mouth Y <input checked="" type="checkbox"/>		Food Intol/Allergies 0		Wt/wt changes maybe 5# ↓ / mo							
O: Indications for Nutrition Assessment						<input type="checkbox"/> Physician Consult					
<input checked="" type="checkbox"/> High Risk Diagnosis/Problem				<input type="checkbox"/> Serum Albumin _____ mg/dl		<input type="checkbox"/> % IBW					
<input type="checkbox"/> Tube Feed / TPN / PPN				<input type="checkbox"/> Poor Intake/NPO ≥ _____ days		<input type="checkbox"/> Unintentional Wt Δ's					
Pertinent Lab Data: albumin 4.9 (10/4)				Dx: SBO				Significant Meds:			
Diet Rx: clears D5NS 20mg KCl @ 120cc				Pertinent Hx: 10 yrs crohn's dx recent at pt GI w/v				scheduled 10mg q 12			
Intervention: brief interview											
Ht: 5'6"		Wt: 65.4kg		UBW: same		IBW: 61.5 ±10%		Wt Loss/Gain fairly stable			
A: Nutritional Status				<input type="checkbox"/> Adequate		<input checked="" type="checkbox"/> At risk of compromise				<input type="checkbox"/> Compromised	
Calorie Depleted: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				at risk 2° inability to take adequate P/O & SBO							
Protein Depleted: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe											
Estimated Energy Requirements: Actual / Ideal / Adjusted (wt Kg) x 30 = 2000 kcal						Estimated Protein Requirements: 1.2 Grams per/Kg body wt = 80 grams per/day					
Unable to determine plan of care at present - resumed p/o in the next few days or TPN/PPN. It appears that he will resume oral intake. Will re-assess if otherwise.											
P: clears - advance as bowel obstruct resolves											
Evaluation Rn)				Report / Extension 471-2093				Date: 10/6/98			
Ongoing Medical Nutrition Therapy Documented On Reverse Side 10:30 hrs											

St. Mary's Regional Medical Center
Medical Nutrition Therapy Documentation

1275533 MS NR 221342
 1705798 MONZEL, MICHAEL J
 FANTOZZI, RONALD H
 42 POLAND RD
 AUBURN ME 04210
 130Y 162 H/H 207-7823873
 18103-01 999999

10/9 New +deserting low residue limited lactose diet
 1400 N/V x1 yesterday. @ space
 provided written information and reviewed diet. — *Therapist*

ST. MARY'S REGIONAL MEDICAL CENTER INTERDISCIPLINARY ASSESSMENT

General Information: MS NR 221342
PAT Date: _____ Time: 10:00
Admit Date: 10/5/98 Dx: _____
Admitting Physician: D. Marshall Considered organ/tissue donation? YES 04210
Attending Physician: _____
Chief Complaint: Chronic pain due to cancer
Chronic 10 yrs various 8-10 days
Education 11 Occupation Injection
Primary Language: English
Able to Read yes Write yes
Vital Signs T 37.2 P 86 R 20
BP (L) _____ (R) 135/71
Height _____ actual/stated 5'7 1/2
Weight 65.4 kg actual/stated _____

PERSON TO NOTIFY IN EMERGENCY

Name: 218103-01 DELIA Fontana
Phone: Home: 702-3873 Work: 702-3873
wife 1-888-683-768

SIGNIFICANT OTHER:

Name: _____
Phone: Home: _____ Work: _____
Information obtained from: _____ Relationship: _____
Name: _____

Urgen GI last week
10/15/98 5/17

Allergies	Reaction
<u>None</u>	
Latex: Yes No	

NAME	DOSAGE	FREQUENCY	LAST DOSE	REASON FOR TAKING
<u>Pentasa</u>	<u>250mg</u>	<u>Ti Qid</u>		
<u>Levox</u>	<u>T</u>	<u>tab</u>	<u>NS</u>	<u>anxiety</u>
<u>Rapaid AL</u>	<u>pin</u>	<u>and reflux</u>		

	Name	Frequency	Amount	Last Used
Over-The-Counter	<u>Tylenol</u>	<u>pm</u>		<u>2 days ago</u>
Stimulants/Tranquilizers				
Recreational Drugs	<u>X</u>			
Alcohol	<u>X</u>			
Other				

Have you been able to follow prescribed medication/Treatments? Y ✓ N Why? _____
Have you ever been involved in rehabilitation? Y N Explain _____

Weight loss / gain _____ Kg/lbs in _____ weeks / months more pain p eating food and
Active problem(s):
 _____ Chewing _____ Diarrhea _____ Pregnant _____ Tube Feed
 _____ Swallowing _____ Decubitus _____ Lactating _____ TPN / PPN
 _____ Vomiting _____ Eating Disorder _____ Surgery Planned _____ PPN

Albumin _____ Referral Level _____ Signature [Signature]
Pink Copy - Nutrition Services • Yellow Copy - Pharmacy

MS HP 221342
MONTEL MICHAEL J
RONALD M
207-7823875

Medical History			
<input type="checkbox"/> Negative Hx	<input checked="" type="checkbox"/> Neurologic Alzheimer's	<input checked="" type="checkbox"/> Respiratory	Problem/ 207-7823875
<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Hepatitis/Infectious Diseases	<input checked="" type="checkbox"/> Blood Disorders	
<input checked="" type="checkbox"/> HTN	<input checked="" type="checkbox"/> Vision Disorder	<input checked="" type="checkbox"/> Kidney Disease	
<input checked="" type="checkbox"/> Heart Disease	<input checked="" type="checkbox"/> Hearing Disorder	<input checked="" type="checkbox"/> Thyroid Disease	
<input checked="" type="checkbox"/> Tuberculosis	<input checked="" type="checkbox"/> Seizure Disorder	<input checked="" type="checkbox"/> CVA	
<input type="checkbox"/> Orthopedic	<input checked="" type="checkbox"/> Psychological/Emotional	<input checked="" type="checkbox"/> Cancer	
<input type="checkbox"/> Other	<input type="checkbox"/> Anxiety/Hypochondria	<input type="checkbox"/> Subconsciously	
Surgical HX/Previous Hospitalizations: <u>Barrel Chest</u> <u>Eye</u> <u>Leg</u> <u>Family</u>			
GB H93 <u>Liver Surgery</u> <u>Bladder</u> <u>up</u> <u>kidney stones</u> <u>Prost</u> <u>FFX</u> <u>pin</u> <u>L. hand</u>			
Musculoskeletal			
HISTORY: <input type="checkbox"/> Negative Hx			Problem/
<input checked="" type="checkbox"/> Arthritis	<input checked="" type="checkbox"/> Fractures	<input type="checkbox"/> Scoliosis	
<input type="checkbox"/> Deformities	<input type="checkbox"/> Injuries	<input type="checkbox"/> Muscular Dystrophy	
<input checked="" type="checkbox"/> Joint Pain	<input type="checkbox"/> Amputations	<input type="checkbox"/> Other	
Explain: _____			
EXAM: Ambulation Gait Assistive Devices			
<input checked="" type="checkbox"/> unassisted	<input checked="" type="checkbox"/> steady	<input type="checkbox"/> wheelchair	<input type="checkbox"/> crutches
<input type="checkbox"/> assisted with 1 or 2	<input type="checkbox"/> unsteady	<input type="checkbox"/> cane	<input type="checkbox"/> walker
<input type="checkbox"/> unable		<input type="checkbox"/> splints	<input type="checkbox"/> prosthesis
Range of Motion Difficulties (specify): _____			
Comments: _____			
Cardio Pulmonary			
HISTORY: <input checked="" type="checkbox"/> Negative Hx			Problem/ heart murmur
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Anemia	<input checked="" type="checkbox"/> Murmur	
<input type="checkbox"/> Palpitations	<input type="checkbox"/> Varicosities	<input checked="" type="checkbox"/> Hypercholesterolemia	
<input type="checkbox"/> MI	<input type="checkbox"/> TIA	<input type="checkbox"/> Arrhythmias	
<input type="checkbox"/> CVA	<input type="checkbox"/> CHF	<input type="checkbox"/> Peripheral Edema	
<input type="checkbox"/> HTN	<input type="checkbox"/> PVD	<input type="checkbox"/> Permanent IV Access	
<input type="checkbox"/> Other			
Explain: <u>Chronic Bronchitis</u> <u>Asthma</u> <u>as</u> <u>ch</u> <u>H</u>			
EXAM: Pulse Capillary Refill Lung Sounds Chest Excursion			
<input checked="" type="checkbox"/> Regular	<input checked="" type="checkbox"/> Quick	(L) (R)	<input checked="" type="checkbox"/> Symmetrical
<input type="checkbox"/> Irregular	<input type="checkbox"/> Sluggish	Clear <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Asymmetrical
<input type="checkbox"/> Bounding		Wheezing <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Thready	Cyanosis	Crackles <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Weak	<input checked="" type="checkbox"/> None	Rhori <input type="checkbox"/> <input type="checkbox"/>	
Moulter Pattern (if applicable) _____			
Breathing Pattern			
<input checked="" type="checkbox"/> Non Labored	<input type="checkbox"/> Labored	<input type="checkbox"/> Rapid	<input type="checkbox"/> Regular
<input type="checkbox"/> Accessory Muscle Use			

Signature _____

Gastrointestinal

8278533

Fantoyyikona

HISTORY: _____ Negative Hx

<input checked="" type="checkbox"/> Diarrhea	<input checked="" type="checkbox"/> Blood in Stools	<input checked="" type="checkbox"/> Hiatal Hernia	<input checked="" type="checkbox"/> Cramps
<input checked="" type="checkbox"/> Constipation	<input checked="" type="checkbox"/> Abd/Epigastric Pain	<input checked="" type="checkbox"/> Diverticulosis	<input checked="" type="checkbox"/> Jaundice
<input checked="" type="checkbox"/> Ostomy	<input checked="" type="checkbox"/> Irritable Bowel Syndrome	<input checked="" type="checkbox"/> Eating Disorder	<input checked="" type="checkbox"/> Cancer
<input checked="" type="checkbox"/> Hemorrhoids	<input checked="" type="checkbox"/> Gastric Ulcer/Polyps	<input checked="" type="checkbox"/> Dysphagia	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Hematemesis	<input checked="" type="checkbox"/> Esophagitis/Varices	<input checked="" type="checkbox"/> Heartburn	

Explain: stools were since surgery w/ y cgs.

NUTRITION:

Diet 1 Regular _____ Special (Explain): NO Dairy Products
 Denures: _____ Upper _____ Lower _____ Partial _____

Feeding

☒ Self ☒ Good
 _____ Needs Assist ☒ Fair
 _____ Poor

Appetite

Bowel Habits

☒ Regular 2 day
 _____ Irregular
☒ Last Bm yesterday

poor fast wk

EXAMS:

Dental Hygiene

Oral Mucosa

Bowel Sounds

Abdomen

<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> Pink	<input checked="" type="checkbox"/> Present <u>FLD</u>	<input checked="" type="checkbox"/> Tender	<input checked="" type="checkbox"/> Nondistended
<input checked="" type="checkbox"/> Fair	<input checked="" type="checkbox"/> Moist	<input checked="" type="checkbox"/> Absent	<input checked="" type="checkbox"/> Nontender	<input checked="" type="checkbox"/> Soft
<input checked="" type="checkbox"/> Poor	<input checked="" type="checkbox"/> Dry		<input checked="" type="checkbox"/> Distended	<input checked="" type="checkbox"/> Firm

Comments: _____

Signature _____

Urinary

HISTORY: _____ Negative Hx

<input checked="" type="checkbox"/> UTI	<input checked="" type="checkbox"/> Dysuria	<input checked="" type="checkbox"/> Chronic Renal Failure
<input checked="" type="checkbox"/> Hematuria	<input checked="" type="checkbox"/> Pyuria	<input checked="" type="checkbox"/> Cancer
<input checked="" type="checkbox"/> Nocturia	<input checked="" type="checkbox"/> Urinary Stress Incontinence	<input checked="" type="checkbox"/> Prostate Problems
<input checked="" type="checkbox"/> Encuresis	<input checked="" type="checkbox"/> Kidney Stones <u>Aug</u>	<input checked="" type="checkbox"/> Other

Explain: Shut in Aug

Urine

☒ Clear
 _____ Cloudy
 _____ Dark
☒ Yellow
 _____ Pink-tinged

Voiding Pattern

☒ No Difficulty
 _____ Frequency
 _____ Urgency
 _____ Hesitancy
 _____ Incontinence
 _____ Discomfort

Bladder

☒ Distended
☒ Non-Distended

Signature _____

Page 3

500685.011.0193

0278533 MS MR 221342
 1/7/72/78 HONZEL, MICHAEL J
 1/10/72, RONALD N
 40 BILLARD RD
 ALBUQUERQUE, NM 87101
 Date Inserted 62 M/M 207-7823873
 218103-01, 999999

EXAM: Catheter

Indwelling/Size _____
 Intermittent/How often? _____
 Suprapubic _____

Date Inserted

62 M/M 207-7823873

Problem/

Dialysis

No _____
 Yes #Yrs./Mos. _____
 Hemo/#Times per Week _____
 Peritoneal/Exchange Pattern _____
 Solution Strength _____

Graft Site Location:

Thrill _____ Bruit _____ Site Condition _____
 Present Present Edematous _____
 Absent Absent Erythematous _____
 Discolored _____
 No Abnormalities _____

Dialysis Catheter

No _____
 Yes _____
 Site _____

Comments:

Signature

Reproductive / Sexuality**HISTORY:** ☒ Negative Hx:

STD _____ Pain _____ Breast CA _____
 PID _____ Discharge _____ Other _____
 Menstrual Irregularities _____ Cysts/Tumors _____

Explain:

LMP _____ Mastectomy _____
 Pregnant Yes _____ No _____ N/A _____
 Para _____ Right _____
 Gravida _____ Left _____
 Last Pap Smear _____ Bilateral _____
 Self Breast/Testicular Exam Yes _____ No _____

Comments:

Signature

Integumentary**HISTORY:** _____ Negative Hx:

Psoriasis _____ Eczema _____ Pruritis _____ Wounds _____
 Lesions _____ Cancer _____ Other _____

Explain:

EXAM: Color _____ Turgor _____ Temperature _____ Moisture _____
☒ Pink ☒ Good ☒ Warm ☒ Dry
 Pale _____ Fair _____ Hot _____ Moist
 Flushed _____ Poor _____ Cool _____ Diaphoretic
 Ashen _____
 Jaundiced _____

SKIN IMPAIRMENTS: Identify with Appropriate Letter



Front



Back

C=Confusion
D=Ducubitus
R=Rash
L=Laceration
E=Ecchymosis
S=Scar
P=Petechiaie
B=Burn
O=Other

Comments/Current Treatments: _____

Signature _____

Neurological

HISTORY: _____ Negative Hx:

☒ Headaches *in the past* ☐ Numbness ☒ HOH ☐ Diplopia
☒ Vertigo ☐ Tingling ☒ Tinnitus ☐ Glaucoma
☒ Syncope ☐ Behavioral Changes ☐ Herniated Discs ☐ Cataracts
☐ TIA ☐ Seizures ☐ Multiple Sclerosis ☐ Other

Explain: *dizzy + feels faint due to anxiety*
numbness arms when anxious

Vision Last Checked *Jan 1998**retina leak*

☐ No Visual Impairment
☐ Artificial Eye _____ (L) _____ (R)
☐ Legally Blind _____ (L) _____ (R)
☐ Totally Blind _____ (L) _____ (R)

Signature _____

Fall Assessment

HISTORY: ☒ Negative Hx:

☐ Gait Unsteady ☐ Uses Walker, Cane, Prosthetic
☐ Diseases/Weight Bearing Joints ☐ Confused at Night/Disorientation
☐ Pain Medication ☐ Diuretics/Urinary Frequency
☐ Generalized Weakness/dizziness/vertigo

Comments _____

Problem/

Signature _____

A "Y" will trigger a safety alert

Signatures

Name	Discipline	Date

Page 3

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • EvaluationDate: October 5, 1997
 2274533 HS HR 221342
 11/2/97 ONZEL, MICHAEL J
 11/2/97, RONALD H
 11/2/97, RAND RD
 ADDRESS NE 24210
 CITY 62 4/K 207-7623875
 212103-01 999999

Shift Times:

12:10 - 1:00 PM

7-3

3-11

11-7 19-07

Assessment/Observations	Psych/Social	discuss - conf	u	cooperative 4/5 stable
	Cardiovascular	heart rate reg	u	low
	Respiratory	lungs clear	u	clear
	Gastrointestinal	abd soft effective bowel	u	abd soft med dist good ss
	Genitourinary	voiding of yellow	u	voiding clear
	Integumentary	pink w/d	u	u/d pink
	Musculoskeletal	M&E	u	M&E
	Neurovascular	extrem warm +35	expected	u/d
	Neurological	A+C X3		A. U
	Pain	med 1330h 1530h, 1530h Dem 100 mg	1530h u	med 1330h at 2215-0130

Teaching: See Progress Notes Or Teaching Flow Sheet

Procedures	O ₂	RA	u	RR 85 DD
	Suction	-		-
	Cough & Deep Breathe	enc	u	2x coughing
	Incentive Spirometer	-		-
	Dressing	-		-
	Anti-Emboloid Device	-		-
	Dx Test/Special Procedure	-		-
	Spec Sent to Lab	-		-
	IV Therapy	DS 1/2 200 120mg	u	11/50 WIC 120
	I-Med	yes		-
	Checks (rounds)	2 hrs - pm	u	-

 1-2 See Progress Notes
 11/07/97

1 7-133 MS MR 221342
 2 7-133 MOZZEL MICHAEL J
 3 7-133 RONALD M
 4 7-133 RD
 5 7-133 HE 64210
 6 7-133 267-7823873

7-3

3 - 11

11-779-0

HYGIENE	Bath						repeated		
	Special Mouth Care						repeated		
NUTRITION	Foley Care/Peri Care								
	Appetite						diet by sig		
ELIMINATION	Tube Feeding/Supplements								
	Stools						1 stool per day		
	Hematest Procedures						-		
	Enema						-		
	Catheter Str/Foley						-		
	Strain Urine						-		
	Incontinent						-		
	Ostomy Care						-		
	NG/Gtube						-		
	Other						-		
ACTIVITY	Bedrest/Reposition						repositioned		
	Ambulate						repositioned		
	Up In Chair						repositioned		
	ROM By Nursing						repositioned		
	Sleep						repositioned		
SAFETY	Friends/Family						repositioned		
	Siderails/Call Bell						repositioned		
	Restraints: Type/Checks						repositioned		
Transport						repositioned			
Signature/Initials		Signature		Init.		Signature		Init.	
		Linda H. H.		LH		Linda H. H.		LH	

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
TP	PO	Blood TPN	I.V. Solution	Other		Time	Urine	Drainage	Emesis	Other
1400h						1400h				
2200h						2200h				
0600h						0600h				
24 Hour Total						24 Hour Total				

Date: 10/16/01

MS MR 221342
 MONZEL, MICHAEL J
 102271, RONALD M
 PELARD RD
 HE 04210

Shift Times:

7-1400

18-07

HYGIENE	Bath	Self			
	Special Mouth Care	— self			
	Foley Care/Peri Care	Self			
NUTRITION	Appetite	fair cl lips			
	Tube Feeding/Supplements	—			
ELIMINATION	Stools	1 loose			
	Hematest Procedures	—			
	Enema	—			
	Catheter Str/Foley	—			
	Strain Urine	—			
	Incontinent	—			
	Ostomy Care	—			
	NG/Tube	—			
	Other				
	ACTIVITY	Bedrest/Reposition	Self		
Ambulate		—			
Up In Chair		—			
ROM By Nursing		—			
Sleep		naps			
Friends/Family		visitation			
SAFETY	Siderails/Call Bell	1/2 up in room			
	Restraints: Type/Checks	—			
	Transport	—			
Signature/Initials		Signature	Init.	Signature	Init.
Maureen J. Condra		Maureen J. Condra	MC	Pauline P. Miller	PP

Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
	TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other
1400h		720		960		1400h	150+80			X2
2200h		1020		960		2200h	1675			X1
0600h		520		960		0600h	950			X3
24 Hour Total		2240		2880		24 Hour Total	2775			X6

500685.011.0199

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • EvaluationDate: 10/7/98

227533 MS MR 221342
1/20/78 KONZEL, MICHAEL J
FANUCZI, RONALD M
40 POLAND RD
ALBURN ME 04210
607 62 H/M 207-7823873
218103-01 999999

Shift Times:

	7-3	3-11	11-7
Psych/Social	Pleasant/cooperative	demanding @ times	pleasant/cooperative
Cardiovascular	U/S graphic sheet	VS stable	
Respiratory	Wt clear	lungs clear	
Gastrointestinal	⊕BS x4 quads	abd soft ⊕BS	
Genitourinary	voiding & difficulty	voids & difficulty	
Integumentary	WTO	warm dry	
Musculoskeletal	MAE	MAE	
Neurovascular	⊕pp ⊖ edema	⊖ edema ppp	
Neurological	A+Ox3	alert oriented	
Pain	abdominal pain	demonol 75mg IM @ 20-2330	0230
	Ⓟ		
Teaching: See Progress Notes Or Teaching Flow Sheet			
O ₂	RA	RA	
Suction	—	—	
Cough & Deep Breathe	—	—	
Incentive Spirometer	—	—	
Dressing	—	—	
Anti-Embollic Device	—	—	
Dx Test/Special Procedure	—	—	
Spec Sent to Lab	—	—	
IV Therapy	D5NS 20KCL @ 75cc	D5S 20KCL @ 75cc	#20 argu started @ head
I-Med	Yes	✓	
Checks (rounds)	Q1 + PRN	Q1 + PRN	

* See Progress Notes
#1 0073

500685.011.0200

Date: 10/7/98

278533 MS MR 221342
 MICHAEL J
 221, RONALD W
 HOLLAND RD
 ME 04210
 02 M/H 207-7623873
 218133-01 999999

Shift Times:

7-3

19-07 11-7

HYGIENE	Bath	self	self				
	Special Mouth Care	self	X1				
	Foley Care/Peri Care	self	X1				
NUTRITION	Appetite	fair	fair				
	Tube Feeding/Supplements						
ELIMINATION	Stools	loose	loose				
	Hematest Procedures						
	Enema						
	Catheter Str/Foley						
	Strain Urine						
	Incontinent						
	Ostomy Care						
	NG/Gtube						
	Other						
	ACTIVITY	Bedrest/Reposition	self	self			
Ambulate		self	self				
Up In Chair							
ROM By Nursing							
Sleep			on off				
Friends/Family							
SAFETY	Siderails/Call Bell		SRTXR bell in hand				
	Restraints: Type/Checks						
	Transport						
Signature/Initials		Signature	Init.	Signature	Init.	Signature	Init.
						P. P. P. P.	P. P.

Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
	TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other
1400h		820		592.5		1400h	550			Am x 3
2200h		1140		600		2200h	1675			X 1
0600h		720		600		0600h	750			X 2
24 Hour Total		2680		1792.5		24 Hour Total	2975			OM x 7

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • EvaluationDate: October 8, 1998

#274533 MS MR 221312
17705/104 MONZEL, MICHAEL
FANTOZZI, RONALD M
401 BROAD RD
AUBURN ME 04210
ELOC 1/62 M/Y 207-7823513
218103-01 999992

Shift Times:

	7-3	3-11	11-7
Psych/Social	pleasant + coop	u	pleasant, alert, coop
Cardiovascular	VS stable	u	VSC
Respiratory	Lungs clear	u	ISC
Gastrointestinal	abd soft sl. distended c hyper- bowel sounds, Tink: cloudy loose	u	abd soft, loose stools
Genitourinary	abd. no Hx: Bowel sounds voiding clear yellow	u	voiding
Integumentary	pink, wnd. bruising + red bath tub area of right hip	u	SKIN 1/2
Musculoskeletal	MAE (right steady)	u	MAE
Neurovascular	Extremities warm, 33° to 34° partial exting.	u	PPP (+) edema
Neurological	AOX3	u	AOX3
Pain	830 Den 75 mm CO low abd pain 1130 Tyl Strength N30 Den 75 mm CO low abd pain 15 Phenergan 12.5 IV	u	Den pain med given pm 9:45 PM ext strength + Tylenol break through
Teaching: See Progress Notes Or Teaching Flow Sheet			
O ₂	R1A	u	—
Section	—	u	—
Cough & Deep Breathe	—	u	Encourage
Incentive Spirometer	—	u	—
Dressing	—	u	—
Anti-Embolis Device	—	u	—
Dx Test/Special Procedure	—	u	—
Spec Sent to Lab	—	u	—
IV Therapy	patient sw Rt hand + L antecubital	u	Ⓡ hand, 7:40 PM
I-Med	—	u	—
Chads (rounds)	9:10 + PRN (mo)	u	9:10 pm

2 See Progress Notes
P1 0873

500685.011.0202

Date: October 8, 1998

2278533 MS MR 221342
 1/24/94 MONZEL, MICHAEL J
 PASTOZZI, RONALD H
 48 POLAND RD
 ALBANY ME 04210

Shift Times:

C36Y 62 H/H 207-7823873

		7-3	3-11	11-7			
HYGIENE	Bath	self	u	self			
	Special Mouth Care	self	u	self			
	Foley Care/Peri Care	self	u	self			
NUTRITION	Appetite	fair	good	self			
	Tube Feeding/Supplements	good	good	self			
ELIMINATION	Stools	loose	light brown	loose			
	Hematest Procedures						
	Enema						
	Catheter Str/Foley						
	Strain Urine						
	Incontinent						
	Ostomy Care						
	NG/Gtube						
ACTIVITY	Bedrest/Reposition	self	u	self			
	Ambulate	self	u	self			
	Up In Chair						
	ROM By Nursing						
	Sleep			npc			
	Friends/Family	wife + children in	u				
SAFETY	Sidrails/Call Bell	28 / bell in reach	u	call bell in reach			
	Restraints: Type/Checks						
	Transport						
Signature/Initials		Signature	Init.	Signature	Init.	Signature	Init.
		Melissa Dumas ^{CHL}	MD			Self	Self
		Linda Swartz	u				

Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other	
					1400h					
					2200h					
					0600h					
					24 Hour Total					

St. Mary's Regional Medical Center

Nursing Documentation Form
Assessment • Intervention • Evaluation

Date: 10-9-98

MS MR 221342
 ROSEFIELD MICHAEL J
 171111, RONALD M
 411111 RD
 HC 34210
 162 S/R 207-7323873
 212103-01 999999

Shift Times:

		7-3	3-11	11-7
Assessment/Observations	Psych/Social	pleasant		
	Cardiovascular	VS stable	36° 100/70 140/65	
	Respiratory	lungs clear	LSC	
	Gastrointestinal	abd soft, cp pain in RLQ, tenderness in abd.	soft abd tol diet	
	Genitourinary	OB, hyperactive	voiding	
	Integumentary	pink, w/o	W/O	
	Musculoskeletal	MAR	MAR	
	Neurovascular	no Hx 3-4 PP, pedema extrem. warm	no Hx 3-4 pedema	
	Neurological	Hx 3-4		
	Pain	Scale 0-10 (8) Demerol 75mg IM 0750	Demerol 1050 - 2h Elevated	
Teaching: See Progress Notes Or Teaching Flow Sheet				
Procedures	O ₂	R/A		
	Suction	—		
	Cough & Deep Breathe	—		
	Incentive Spirometer	—		
	Dressing	—		
	Anti-Emboloid Device	—		
	Dx Test/Special Procedure	—		
	Spec Sent to Lab	—		
	IV Therapy	patient SW Ribalet CAC	Sub patient	
	I-Med	—		
Checks (rounds)	9:04 AM Patient - 100% CAC	10:10 AM Patient - 100% CAC		

See Progress Notes
 F1 0073

500685.011.0204

Date: _____

0278533 HS MR 221342
 17/07/95 MICHAEL J
 11/07/21, RONALD M
 4 FILLARD RD
 ALBANY, NY 12210
 5167-207-7023073
 212103-01 999999

Shift Times: _____

		7-3	3-11	11-7			
HYGIENE	Bath	Self					
	Special Mouth Care	Self					
	Foley Care/Peri Care	Self					
NUTRITION	Appetite	fair					
	Tube Feeding/Supplements	—					
ELIMINATION	Stools	loose					
	Hematest Procedures						
	Enema						
	Catheter Str/Foley						
	Strain Urine						
	Incontinent						
	Ostomy Care						
	NG/Gtube						
	Other						
ACTIVITY	Bedrest/Reposition	Self	✓				
	Ambulate	enc., observe	dist indep.				
	Up In Chair	enc	✓				
	ROM By Nursing						
	Sleep		✓				
	Friends/Family	✓	✓				
SAFETY	Siderails/Call Bell	21/bell in reach					
	Restraints: Type/Checks						
	Transport						
Signature/Initials		Signature	Init.	Signature	Init.	Signature	Init.
		Melissa Demas (M/SN)	MD				
		Latasha W	Lat				

Intake and Output Log

Intake						Output				
Total 0600h - 0600h						Total 0600h - 0600h				
	TF	PO	Blood TPN	I.V. Solution	Other	Time	Urine	Drainage	Emesis	Other
1400h						1400h				
2200h						2200h				
0600h						0600h				
24 Hour Total						24 Hour Total				

500685.011.0205

St. Mary's Regional Medical Center
Patient Progress Notes

ID Co's For Clinical Services:

NS-Nursing Service
DS-Dietary Service
PC-Pastoral Care
SW-Social Work
CM-Case Mgmt

R-Radiology
RC-Respiratory Care
ED-Pt. Educator
PH-Pharmacy

CS-Cardiology Services
RT-Recreation Therapy
OT-Occupational Therapy
PT-Physical Therapy
ST-Speech Therapy

NS 221342
MICHAEL J
RONALD M
4210
207-7823873
999999

ID Key	Date	Time	Notes	Signature and Title
NS	10-5	1300	This 34yr old white male is admitted to complaints of ELG pain, diarrhea, vomiting & 2 days. Stated pain had progressively got worse over past 2 months. Pt has known disease C/D severe sharp stabbing pain ELG which worsens w/ movement. Pt having difficulty answering questions on assessment due to pain disoriented to R/S. Pt med Dem 100 mg Percocet 12.5mg IV. Stated good relief but relief last only abt 3hrs. Asking for med again 15ish. Med again Dem 100 mg & relief med 1500 & Dem 100 mg. Pt denies nausea GI abd. soft ^{hypo} active bowel sounds Tender ELG on palpation. Pt guards abd. NPO. Passing flatus. IV D5 1/2 NS for 100mc. pt started on N Stryd med. 100mc. 1830 Dr. Pizzarello to see pt. See Admission Assessment	
NS	4/5 1/10	1407	#1 Go again ELG abd n/v. should. Stated good AS - med at 2:15 - Dem 100mg - 1 hr 2:45 Percocet 12.5mg - 1 hr 3:15 Dem 100mg at 1:30 4:30 3 hrs pain severe some nausea. Stated Diazepam 10mg 4:30, 20	Kindred

St. Mary's Regional Medical Center
Patient Progress Notes

ID Code For Clinical Services:

NS-Nursing Service**DS-Dietary Service**

PC-Pastoral Care

SW-Social Work

CM-Case Mgmt

R-Radiology

RC-Respiratory Care

ED-Pt. Educator

PH-Pharmacy

CS - Cardiology Services

RT-Recreation Therapy

OT-Occupational Therapy

PT-Physical Therapy

ST-Speech Therapy

278603 MS HR 221342
278603 KONZEL, MICHAEL J
278621, RONALD M
278640 RO
278640 MS 04210
278640 752 N/K 207-7823873
278640-01 999999

ID Key	Date	Time	Notes	Signature and Title
NS	10/6	1900h	<p> C/o pain all day/ and rates at 10/10 - States Sometimes @ sides of abd, then all across lower abd + at times cramp like Medicated Demerol 100mg IM at 0745h + 1040h - little effect - Dr Mangel arrived and s to ms + given 5mg SC at 1430h as well as Xanax given - pt called nurse p 1/2 hr and states ms not working + wanted Dr called to switch back to Demerol - Dr Mangel called Also had Phenergan at 0800h + 1520 and Demerol 100mg again at 1700h Had BM x2 today - states loose. not seen. Aware we need stool spec Also seen by Dr Brulanger </p>	<p> M. O'Rourke </p>
NS	10/6	19-24	<p> C/o abd pain - all across the abdomen + some cramping asking for meds frequently med - Demerol 100mg @ 20 + 23 - Phenergan 12.5mg @ 21 + 24 - some relief, stool for C diff obtained + sent to lab Scheduled Xanax 5mg given @ 2200 - lying quietly in bed watching TV. </p>	<p> P. Williams </p>
		24-07	<p> Med - Demerol 100mg IM @ 02 + 05 - Continued to have loose stools. IV patent tolerating liquids well no c/o nausea. - sleeping in chairs only. </p>	<p> P. Williams </p>
		06-5	<p> Repatiently given phenergan 12.5mg IV at this time. </p>	<p> P. Williams </p>
		07-	<p> Dr Mangel notified of (+) C-diff stool </p>	<p> P. Williams </p>

14070

St. Mary's Regional Medical Center
Patient Progress Notes

ID Code For Clinical Services:

NS-Nursing Service R-Radiology CS-Cardiology Services
DS-Dietary Service RC-Respiratory Care RT-Recreation Therapy
PC-Pastoral Care ED-Pt. Educator OT-Occupational Therapy
SW-Social Work PH-Pharmacy PT-Physical Therapy
CM-Case Mgmt ST-Speech Therapy

MS PR 221342
MICHAEL J
RONALD M
POLAND RD
AUBURN ME 04210
62 M/H 207-7823873
2001-01 999999

ID Key	Date	Time	Notes	Signature and Title
NS	10/7	07/14	Alt in comfort. Pt c/o pain throughout day. Received Demerol 100mg IM at 0800 and Demerol 75mg at 1100. Pt's diet ↑ to regular as tolerated. IV site in R arm painful appeared to be starting to infiltrate, was dis and new site started in L antecubital. Pt's IV fluid ↓ to 75cc. Pt to be seen by pain clinic for the management of this pain. Pt continues to have loose stools x2 Lg and 1sm. Pt c/o cramping and abdominal discomfort after lunch. Pt received Phenergan at 1200. Pt continues to c/o abdominal discomfort. A relief from pain med. Continue to monitor. R. Parker RN	
NS	10/7	14/19	Pt continues to c/o abdominal discomfort. Received Demerol 75mg IM at 1700. Pt also continues to have loose stools. Continue to monitor. R. Parker RN	
NS	10/7	addendum	Pt requested this written call. Dr. Mary and request different pain medications. Pt states that Demerol 75mg IM is not working. Continue to monitor. R. Parker RN	
NS	10/7	14/20	Still trying management plan - no relief. Pt will go to pain clinic with her best to see how - want to see if she can get more relief. If she can't get more relief, then we will have to consider other options.	

St. Mary's Regional Medical Center
Patient Progress Notes

ID Code For Clinical Services:

NS-Nursing Service	R-Radiology	CS-Cardiology Services
DS-Dietary Service	RC-Respiratory Care	RT-Recreation Therapy
PC-Pastoral Care	ED-Pt. Educator	OT-Occupational Therapy
SW-Social Work	PH-Pharmacy	PT-Physical Therapy
CM-Case Mgmt		ST-Speech Therapy

221342
 HS KR
 MICHAEL J
 RGNALD N
 TELAND RO
 HE 04210
 1/62 M/H 207-7823873
 999999
 13103-01

ID Key	Date	Time	Notes	Signature and Title
NS	10/7	19-07	Requested extra strength tylenol @ 2200 + Vibs given. Dr. Callender here to see pt during the evening! pt started on luvor. (a tirax) given as ordered. - med for c/p abd pain @ 20-2330-230-530 - Demerol 75 mg IM - states it helps "a little." Rndp 1/2 hr prior to med being due & askd if he can get it early. - Drinking alot of soda & excrete. then c/p & abd. cramping - instructed to cut down on the soda & drink water or juices. States he's had alot of diarrhea during the m but only 2 stools were seen by staff. H capped this morning total of 2650 po yesterday - Pella	
NS	10/8	1330	LATE ENTRY 1. (A) Guarding abd c hand and pillow "The pain radiates outward" "It feels better if I don't move." (A) Tylenol ES 11 g @ 1130 (B) Already asking when he can have his next pain med. "I had 4 these last night and they didn't help much" (C) Continue to monitor level of pain. Melissa Danner CNR S02	
NS	10/8	375	AK Comfort #1 OK (D) pt c/o low abd pain esp. RLB - very tender on palpation. States pain is sharp. Abd soft & active bowel sounds (hyper). Passing flatus. Abd like brown stool. States pain worsens p eating. After lunch pain radiated to epigastric area. (E) med i Demerol 95 at 830n. i relief for abd abcs then pt asking for more med. Ty ES 1130 F no relief Pt requesting more Demerol.	

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